



**STATE OF WASHINGTON  
DEPARTMENT OF FINANCIAL INSTITUTIONS**

*P.O. Box 41200 Olympia, Washington 98504-1200  
Telephone (360) 902-8703 TDD (360) 664-8126 FAX (360) 664-2258 <http://www.dfi.wa.gov>*

**MONEY TRANSMITTER  
ADD AN AUTHORIZED DELEGATE APPLICATION**

"Authorized Delegate" means a person/location a licensee designates to provide money services on behalf of the licensee. The definition of Authorized Delegate includes all company owned outlets.

INSTRUCTIONS: (Per WAC 208-690-030(1)(e) Addition of authorized delegates.

1. For each proposed additional authorized delegate, provide the business name, including any additional names by which the business may be known, the name of the primary contact person, and the business address of each location where the authorized delegate will provide money services. You may use the form provided, or submit the information in a different format, as long as all requested information is included.
2. Forward the "Money Transmitter - Add An Authorized Delegate Application" form (with attachments if needed) and the original, signed & sealed, bond rider to the address on the letterhead above.
3. Attach a check for the appropriate fees as prescribed by WAC 208-690-130. Make checks payable to the "Washington State Treasurer". You may combine the fees to a single check calculated at \$50 per added authorized delegate location.

Licensee Name:

DFI License Number: 550 – MT -

Desired Effective Date:

Person (name & title) to contact regarding this application:

Phone: ( ) - ext.

Fax: ( ) -

**NEW AUTHORIZED DELEGATE RECORD**

Company Name	
Trade Name or DBA	
Physical Address	
Mailing Address*	
Contact Name	
Telephone Number	
Fax Number*	

\*Optional

**AUTHORIZATION FOR VERIFICATION FORM – LICENSEE**

I, the undersigned officer of the Licensee, hereby affirm that I have full authority to sign and verify this application, that I have read this application and have knowledge of the information stated herein, and that this application, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

BY:

*Signature of Authorized Official*

*Date*

*Printed name of Authorized Official*

*Title*